2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2008
Secretary of State

DOCUMENT# F07000003785

Entity Name: TRI-COUNTY PROTECTIVE SERVICES INC.

Current Principal Place of Business:

7350 PINNACLE PINES DR., # E-3
FT. MYERS, FL 33907

New Principal Place of Business:

8619 BEACON STREET
FT. MYERS, FL 33907

Current Mailing Address:

7350 PINNACLE PINES DR., # E-3
FT. MYERS, FL 33907

New Mailing Address:

8619 BEACON STREET
FT. MYERS, FL 33907

FEI Number: 26-0463809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUFAULT, DENISE L.
7350 PINNACLE PINES DR., # E-3
FT. MYERS, FL 33907 US

Name and Address of New Registered Agent:

DUFAULT, DENISE L PRES
8619 BEACON STREET
FT. MYERS, FL 33907 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DENISE L. DUFAULT 09/02/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CDPS ( ) Delete
Name: DUFAULT, DENISE L.
Address: 7350 PINNACLE PINES DR., # E-3
City-St-Zip: FT. MYERS, FL 33907

Title: VT ( ) Delete
Name: DUFAULT, DENISE L.
Address: 7350 PINNACLE PINES DR., # E-3
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CDPS (X) Change ( ) Addition
Name: DUFAULT, DENISE L
Address: 8619 BEACON STREET
City-St-Zip: FT. MYERS, FL 33907

Title: VT (X) Change ( ) Addition
Name: DUFAULT, DENISE L
Address: 8619 BEACON STREET
City-St-Zip: FT. MYERS, FL 33907

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE L. DUFAULT PRES 09/02/2008
Electronic Signature of Signing Officer or Director Date